HEALTH TECHNOLOGY CLINICAL COMMITTEE (HTCC) BYLAWS

The Washington State Health Technology Clinical Committee (HTCC or Committee) was established by law in 2006 to include eleven members appointed by the Administrator, in consultation with participating state agencies. RCW §70.14.090(1) and WAC §188-55-015 et.seq. In addition to the law and administrative rules, these bylaws contain the organization of the HTCC and govern the orderly resolution of its purposes. Bylaws and amendments must be approved by the Administrator and confirmed by the Chair.

1.0 Mandate and Purpose

1.1. *The mandate of the HTCC is to* help the state of Washington ensure that health services used and paid for by state government are safe and work as intended. HTCC will use an open process and rely on scientific, or evidence-based, information about safety, efficacy, and cost effectiveness to inform decisions and improve quality.

The primary decision tool is a health technology assessment. This document is a form of policy research that systematically examines short and long term consequences (in terms of health and resource use) of the application of a technology, a set of related technologies, or a technology related issue.[1]

1.2. The purpose of the HTCC is:

- to provide consultation to the Administrator for the selection of health technologies and identification of key questions for review and re-review
- to consider petitions of interested parties to select a health technology for review
- to establish advisory groups if specialized expertise is needed to review a particular health technology or group of health technologies or seek input from enrollees or clients of state purchased health care
- to evaluate evidence about a health technology, including a health technology assessment of the scientific evidence of the relative safety, efficacy, and cost;

[1] Henshall, C., et. al, Priority setting for health technology Assessment, *Int J Technol Assess Health Care*, 1997 Spring; 13(2):144-85.

information from any special advisory groups; and their professional knowledge and expertise

- to make a coverage determination regarding the circumstances, if any, under which a selected health technology will be included as a covered benefit of a participating agency; and if covered, the criteria to be used to provide or deny reimbursement

1.3 Authority of HTCC

The Committee authority is limited to the purpose and mandate of these bylaws and the law and rules establishing the Committee. Neither the Committee nor any advisory group is an agency for purposes of Administrative Procedures Act, Chapter 34.05 RCW. The Committee does not have authority to enter into contracts.

2.0 Responsibilities

2.1 Reporting

The Committee will report through the Committee chair to the Administrator or the Administrator's designee.

2.2 Evidence Review and Committee Determination

The Committee will review evidence related to selected health technologies and make coverage and reimbursement determinations based on the evidence.

- As required by WAC 182-55-030, in making a coverage determination, committee members shall review and consider the health technology assessment. The committee may also consider other information it deems relevant, including other information provided by the administrator, reports or testimony from an advisory group, and submissions or comments from the public.
- The committee shall take into account any unique impacts of a health technology on specific populations based on factors such as sex, age, ethnicity, race, or disability.

The committee shall give the greatest weight to the evidence determined, based on objective factors, to be the most valid and reliable, considering the nature and source of the evidence, the empirical characteristic of the studies or trials upon which the evidence is based, and the consistency of the outcome with comparable studies. The committee may also consider additional evidentiary valuation factors such as recency (date of information); relevance (the applicability of the information to the key questions presented or participating agency

programs and clients); and bias (the presence of conflict of interest or political considerations).

2.3 Committee Responsibilities

Committee members are undertaking a position of public trust, and are responsible for being an effective participant.

- Attend all board meetings.
- Are well prepared for meetings.
- Recognize that serving the public interest is the top priority.
- Recognize that the board must operate in an open and public manner.
- Are knowledgeable about the legislative process and issues affecting the board.
- Examine all available evidence before making a judgment.
- Communicate well and actively participate in group discussions.
- Are aware that authority to act is granted to the board as a whole, not to individual members.
- Possess a willingness to work with the group in making decisions.
- Recognize that compromise may be necessary in order to reach group consensus.
- Do not let personal feelings toward other board members or staff interfere with one's judgment.

2.4 Adherence to Requirements

The Committee, and each member individually, are required to comply with the requirements of the law and regulations establishing and governing the Committee as well as these bylaws and their contract entered into with the Health Care Authority.

Committee members must agree to, and abide by, all terms of the contract with the Health Care Authority and a conflict of interest disclosure form. Key contract terms require ongoing disclosure of potential conflicts, confidentiality of non-public information gained as a member, and requirements for conducting business for the public benefit and under rules governing open public meetings. Failure to comply may result in removal from the Committee.

3.0 Membership and Terms

3.1 Appointing Authority

Committee members are appointed by the Administrator, after consultation with participating agencies, to a three-year term. Terms of less than three years may occur to create staggered terms or fill a vacancy as specified in WAC §182-55-025.

3.*2 Composition*

The Committee is composed of six practicing physicians and five other practicing licensed health professionals as required by RCW §70.14.090 and WAC §182-55-025. Factors to be considered in appointment of members include:

- Professional experience treating women, children, elderly persons, and people with diverse ethnic and racial backgrounds;
- Practitioner specialty or type and use of health technologies, especially in relation to current committee members specialty or types;
- Practice location and community knowledge and length of practice experience;
- Knowledge of and experience with evidence-based medicine, including formal additional training in fields relevant to evidence based medicine; medical quality assurance experience; and health technology review experience;
- Lack of conflict of interest and willingness to commit to the responsibilities of a committee member.

3.*4 Officers: Chair and Vice-Chair*

The Chair is appointed by the Administrator to manage the affairs of the Committee. A vice-chair is selected by the Chair. Officers serve in their capacity until a successor is appointed. The vice-chair shall act as the chair in the event the chair is unable to discharge his or her duties. Duties of the Chair include ratifying the bylaws and any amendments; presiding over meetings of the Committee; assisting with development of Committee agenda, programs, and other materials; reporting to the Administrator on Committee activities and decisions; appointing ad hoc temporary advisory groups and serving as ex-officio member of all advisory groups.

3.5 Advisory Groups

The Chair may establish temporary ad hoc advisory groups if specialized expertise is needed

to review a particular health technology or group of health technologies, or to seek input from enrollees of clients of state purchased health care programs. Advisory groups must have a defined objective related to a health technology or group of health technologies and must report back to the Chair and Committee. Advisory groups are subject to, and shall be convened according to, RCW§70.14.100 and WAC§188-55-045.

4.0 Meetings

4.1 Frequency, Time, Location

Meetings are likely to be quarterly, but shall occur at least twice a year and at other times at the discretion of the Chair or the Administrator. Meetings shall be held at a time and place determined by the Chair and Administrator to be sufficient to conduct the business of the agenda.

4.2 Notice

Advance notice of the date, time, location, and agenda or topics shall be published to the centralized internet based communication tool (Health Care Authority website) and in the Washington State Register. Additional notification via electronic communication will be provided to Committee members and may be provided to other interested parties.

4.3 Open Meetings

Committee meetings are public meetings and shall be conducted in an open and transparent manner so as to comply with the Open Public Meetings Act, RCW 42.30, as amended. An executive session is permissible during a regular or special meeting to consider proprietary or confidential nonpublished information when conducted according to RCW 42.30.110(1)(l), as amended.

To ensure Committee members or members of the public who have disabilities an equal opportunity to participate, meetings should be held in wheelchair accessible locations, with qualified sign language interpreters, materials in accessible formats such as Braille, large print and tape, and other forms of auxiliary aids provided upon request.

4.4 Quorum

A quorum is defined as 50 percent plus one (presence either in person or by conference call) of the Committee membership. No decisions can be put forward to the Board or voted upon

unless there is a quorum, except to fix a time for adjournment, adjourn, recess, or take measures to obtain a quorum (such as contacting absent members).

4.5 Recusal

Members of the Committee must recuse themselves if a material conflict exists related to a matter before the Committee. Members are required to adhere to the ongoing conflict of interest disclosure requirements and must request guidance if the member is unsure whether a conflict exists. A member who must recuse himself or herself from acting on a matter is considered present for the purposes of establishing a quorum but may not act on the matter, including participation in discussion or the making of a motion, resolution, or vote.

4.6 Voting

Business of the Committee shall be transacted by a motion or resolution made by any Committee member that is present, and shall require a second. Each member that is present has one vote and a simple majority of those voting shall be required for all matters.

4.7 Publication

Committee meeting agenda, minutes, determinations and other appropriate materials shall be published to the centralized internet based communication tool (Health Care Authority website).

5.0 Support

5.1 Support

Support for the committee meetings, preparation, and any follow-up will be provided by the Health Care Authority. Support includes staff and resources as the Administrator deems necessary to carry out the purpose of the Committee, including: logistics for meetings, material preparation, minutes and recordings of the meetings, publication of notices and materials, custodian of records of the meeting and Committee members, assistance with Committee member communication, contracts, and reimbursement, maintenance of a centralized internet based communication tool, and assistance from the state attorney general, as may be required.

5.2 Committee Member Reimbursement

Committee members are reimbursed for meeting attendance and for travel expenses according to his or her contract with the Health Care Authority.

6.0 Other

6.1 Amendment

These bylaws may be amended from time to time by the Administrator, after consultation with participating state agencies and the Committee.

6.2 Liability

The Committee members and any advisory group members are immune from civil liability for any official act performed in good faith as a member of the group.

Appendix A

DEFINITIONS

The following definitions are contained in the authorizing legislation and regulations and have the same meaning, as now adopted, or hereafter amended. RCW §70.14.110 and WAC §182-55-010.

1) "Administrator" means the Administrator of the Washington State Health Care Authority (HCA) under chapter 41.05 RCW.
2) "Advisory Group" means a group established under RCW 70.14.110(2)(c).
3) "Committee" means the health technology clinical committee established under RCW 70.14.090.
4) "Coverage determination" means a determination of the circumstances, if any, under which a health technology will be included as a covered benefit in a state purchased health care program.
5) "Health technology" means medical and surgical devices and procedures, medical equipment, and diagnostic tests. Health technologies do not include prescription drugs governed by RCW 70.14.050.
6) "Participating agency" means the department of Social and Health Services, the state Health Care Authority, and the department of Labor and Industries.
7) "Reimbursement determination" means a determination to provide or deny reimbursement for a health technology included as a covered benefit in a specific circumstance for an individual patient who is eligible to receive health care services from the state purchased health care program making the determination.
8) "Health technology assessment" means a report produced by a contracted evidence-based practice center as provided for in RCW70.14.100(4) that is based on a systematic review of evidence of a technology's safety, efficacy, and cost-effectiveness.

The following additional definitions are applicable to these bylaws:

9) "Safety" means avoidance of harm or errors.

10) "Efficacy" means that the health technology produces the intended results and the expected benefits outweigh potential harmful effects under either ideal circumstances or real world clinical settings.

11) "Cost-effectiveness" means the health benefits and harms relative to costs gained by using a health technology, as compared to its alternatives (including no intervention); an efficient use of resources, cost-effectiveness does not necessarily mean lowest price.

12) "Evidence-based" means the objective, ordered, and explicit use of the best available evidence when making a coverage or reimbursement determination. Greatest weight is given to the evidence determined, based on objective factors, to be the most valid and reliable, considering the nature and source of the evidence, the empirical characteristic of the studies or trials upon which the evidence is based, and the consistency of the outcome with comparable studies. Additional evidentiary valuation factors such as recency (date of information); relevance (the applicability of the information to the key questions presented or participating agency programs and clients); and bias (conflict of interest or political considerations) may also be considered.